M

INSTRUCTIONS

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10355 CERTIFICATE OF DEATH

10858 Reg. Dist. No.

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASES	
COUNTY GARRETT MARYLAND	STATE MARYLAND COUNTY GARRI	ETT
CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY (II outside corporate limits, write RURAL and give near OR	rest town)
OR and give naerest lown) X TOWN OAKTAND (in this piece)	TOWN RURAL SWANTON	X
HOSPITAL OR	STREET (If rure) give location)	,
INSTITUTION OR STREET ADDRESS GARRETT COUNTY MEMORIAL HOSPIT	AL ROUTE #1	/
3. NAME OF (First) (Middle)	(Lost) 4. DATE (Month)	(Day) (Year)
(Type or Print) (BABY GIRL)	BERNARD DEATH NOVEMB	
RACE WIDOWED, DIVORCED,	TEMBER 17, 1955 9. AGE lest birthdey IF UNDER Months	Deys Hours Min.
10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS		CITIZEN OF WHAT
dona during most of working life, even if OR INDUSTRY retired) NEWBORN	OAKLAND, MARYLAND	U. S.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
LEROY WADE BERNARD	PATRICIA ANN SCHMIDT	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO	The state of the s	TE #1
(Yes, no, or unk.) (If Yes, give wer or deles of service)		NTON, MARYLAN
	CERTIFICATION	INTERVAL BETWEEN
ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19e. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
21e. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, fectory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc.) (If EITHER, NOTIFY MEDICAL EXAMINER)	21c. WHERE DID INJURY OCCUR? (City or town) (Coun	(State)
21d, TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e. INJURY OCCURED While No! while M. et work et work	21F, HOW DID INJURY OCCUR?	
22 hereby certify that I attended the deceased from	d at 7.55M, from the causes and on the date state ADDRESS (Street, city, town, stelle) 5 2 -d 5 CALLAD L OR CREMATORY LOCATION (City, lown, or county	DATE SIGNE: //./>- (State)
Burial 11/17/1955 Deer Par	25. FUNERAL DIRECTOR'S, SIGNATURE	ADDRESS
DATE 17/55 Tucked	I lerkent C. Lecentron Oa	krana, Ma

CL SECRETARISMAN TO THE WAR THE STATE STATE AND

PRINCEPTINICATE OF DEATH

NOM

Burta

INSTRUCTIONS

M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10856 CERTIFICATE OF DEATH

10859

Reg. Dist. No. /62

1. PLACE OF DEATH		2. USUAL RESIDEN	CE (HOME) OF DE	CEASED	
county Garrett	MARYLAND	STATE Meryla	ind county	Garrett	
CITY (If outside corporete limits, write RURAL OR end give necrest town)	LENGTH OF STAY (in this place)	CITY (If outside corpor	ote limits, write RURAL en		
X TOWN Rural Longconing	Tiffe	TOWN Rural	Lonaconin	g	1
HOSPITAL OR	1 414 41 0	STREET	(If rural give		
INSTITUTION OR STREET ADDRESS		ADDRESS			1
3. NAME OF (First) DECEASED	(Middle)	(Lest)	4. DATE (Mont	h) (Dey)	(Year)
(Type or Print) WADE	H. BR	OADWATER	DEATH NO	v. 25	19 55
5. SEX 6. COLOR OR 7. SINGLE, MARR RACE WIDOWED, DI	SED, B. DATE	OF BIRTH 9	. AGE lest birthdey	IF UNDER 1 YEAR	IF UNDER 24 HR
Male White (Specify) Ma	rried May	5, 1878	77 yrs.	Months Deys	Hours Min.
10e. USUAL OCCUPATION (Give kind of work 10b. KII	ND OF BUSINESS	11. BIRTHPLACE (State or foreig	n country)	12. CITIZEI COUN	N OF WHAT
at a H	The state of the s	New Germany,	Md.	U.S.	A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN N			
David D Broadwat	er	Eliza Co	lmer		
15. WAS DECEASED EVER IN U. S. ARMED FORCES?	6. SOCIAL SECURITY NO.	17. INFORMANT & A	DDRESS	R.	D.
(Yes, no, or unk.) (If Yes, give wer or dates of service)	none	Mrs. Effic	Broadwet		
	18. MEDICAL CE		DI O CALLO		RVAL BETWEEN
1) DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	_	2			ET AND DEATH
MMEDIATE CAUSE (A)	myaco	relitio		132	115-
ANTECEDENT CAUSE(S) DUE TO	1				
DISEASES OR CONDITIONS, IF ANY, (B)					
STATING UNDERLYING CAUSE LAST, DUE TO	0	0			1
(C) (reference	erose		10	des
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	9 woder	lerosie	N	6	ma
190. DATE OF OPERATION 196. MAJOR FINDINGS	OF OPERATION			20	AUTOPSY?
A CONTRACT AND FOLIANT				YES	□ NO □
216. ACCIDENT WAS UNDERLYING 21b. PLACE (Hom OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, (IF EITHER, NOTIFY MEDICAL EXAMINER)		21c. WHERE DID INJURY OCCUR	(City or town)	(County)	(State)
Wh	INJURY OCCURRED ile Not while ork et work	21f. HOW DID INJURY OCCUR	?		
22. I hereby certify that I attended the dece		19.48 10 h	1.2505	that I last can	the decesses
alive on 11/25 , 1955 , and					
SIGNATURE OF			ESS (Street, city, town,		e. DATE SIGNE
(6/21 rrn	M.D. (Ludon -	7	11/2	6/-7
23. BURIAL, CREMATION, DATE THEREOF	NAME OF CEMETERY OR	CREMATORY	LOCATION (City, lown,	or county)	(State)
Burial 11/27/55	New German	y Methodist	lew German	v. Garre	tt Co.I
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	1	25. FUNERAL DIRECTOR'S S	IGNATURE	ADDRESS	
DATE 11/26/55 Ether/ 13	3 roaquate	Konald & Ne	uman Gra	ntsvill	e, Md.
		. 14			

ALBROMITIAS HTTAREST OF SEALTH-BALTIMORE 14 HYARG RESTRICATE OF DEATH NON 80 1322

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and cumpletely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit purmit.

The bottom copy may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10860

10857 CERTIFICATE OF DEATH

g. Dist. No. / 6 6

1. PLACE OF DEATH		2. USUAL RESI	DENCE (HOME) OF DEC	EASED
COUNTY Garrett	MARYLAND	STATE Max	ryland COUNTY	Alle gany
CITY (If outside corporete limits, write RURAL	LENGTH OF STAY	CITY (if outside of	orporale limits, write RURAL end	give nearest town)
OR and give nearest town) TOWN Oakland	(in this place) 9 month;	or town Char	nberland	01.02 2
HOSPITAL OR		STREET	(if rure) give k	
INSTITUTION OR Weeks Mursing	Home	ADDRESS	Valley St.	
3. NAME OF (First)	(Middle)	(Lest)	4. DATE (Month)	(Day) (Year)
DECEASED		oleman	OF	
TO TO TO TO				v. 10, 1955 ₁₉
5. SEX 6. COLOR OR 7. SINGLE, MAI WIDOWED I	DIVORCED,	Ay 6, 1876		F UNDER 1 YEAR IF UNDER 24 HF Lonths Days Hours Min
10e. USUAL OCCUPATION (Give kind of work 10b. 1	KIND OF BUSINESS	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT
	n home	Cumberla	nd, Md.	USA USA
13. FATHER'S NAME		14. MOTHER'S MAIL		1
Henry Coleman		Sa	rak Bucy	
S. WAS DECEASED EVER TH U. S. ARMED FORCES?	16. SOCIAL SECURITY N			
(If Yes, give wer or deles of service)	None	Onenton	Griffey, Eller	slie. Md.
210		CERTIFICATION	GLITTEDS; marror	INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEAT	Н	73 -	. 10	ONSET AND DEATH
4.2 IMMEDIATE CAUSE (A)	race	c (cour	LYCEL	3-4//6
ANTECEDENT CAUSE(S) DUE TO	4 13	110		100
DISEASES OR CONDITIONS, IF ANY, (B)	4111	VIN		1 Com
GIVING RISE TO THE ABOVE CAUSE DUE TO				1
(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.				
190. DATE OF OPERATION 196. MAJOR FINDING	SS OF OPERATION			20. AUTOPSY? YES NO
216. ACCIDENT WAS UNDERLYING 216. PLACE (He OR CONTRIBUTING 2 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ome, ferm, fectory, t, office bldg., etc.)	21c. WHERE DID INJURY O	CCUR? (Cily or lown)	(County) (Stele)
W	16. INJURY OCCURRED While Not while of work	217, HOW DID INJURY O	CCUR?	_
22. I hereby certify that I attended the dec	11-	10 10 11	1000 mlJ	
1 9 0/ 1 1	11			that I last saw the decease
SIGNATURE 19	no that death occurr	ed at// Off M, from the	DDRESS ((Street, city, toyin,)	
The same of the Contraction	elis	10600	110.411	11-11-1
23. BURIAL, CREMATION, DATE THEREOF	NAME OF CEMETE	RY OR CREMATORY	LOCATION (City, town, o	or county) (State)
REMOVAL (SPECIFY)				
Burial Nov. 13, 1955 24. REC'D BY REGISTRAR'S SIGNATU		11 Cemetery	Cumberland,	Md.
DATE 1/12/5-1- DUL G	Rowar		Kight, Cumberla	ADDRESS
110	21.			300
-	201	•		

ST TROMMERS-WELLEY TO TREMTER THE STATE GRADE AND

WESTCHRYINGATE OF DEATH

Bollevil if a

, 1 , 123 124 2

SSET 91 NON

BECEINF

The Shows

1. 1/2/11

TO FUNERAL DIRECTOR: The law requires that the death certificate be filled with the registrar within 72 hours after death. After registrar within 72 hours after death. After registrar has been executed by the attending physician and completely filled in by the funeral director, the third comy of

gentificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a buriat transit permit.

The bottom copy may be retained by the hospital or attending physician.

ATTENDING PHYSICIAN OR HOSPITAL:

this

hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10858 CERTIFICATE OF DEATH

10861

1. PLACE OF DEATH		2. USUAL RESIDE	NCE (HOME) OF DI		
COUNTY GARRETT	MARYLAND	STATE MARYLA	OUNTY COUNTY	GARRET	T.
CITY (II outside corporate limits, write RURAL	LENGTH OF STAY	CITY (It outside corp	orete limits, write RURAL e		
OR end give nearest town)	(in this place)	OR TOWN TATARD	DADIE		Y
K CIP JARNU		DEMAL	PARK	- Karantina	^
HOSPITAL OR INSTITUTION OR		STREET ADDRESS	(If three div	re location)	1
	CPIAL HOSPITA	_			
3. NAME OF (First)	(Middle)	(Lest)	4. DATE (Mon	th) (Day)	(Year)
DECEASED	irns	contains become long as as	OF DEATH	TOWNS STORES	77
		PARTERY		IOVE BER	TIF UNDER 24 HR
5. SEX 6. COLOR OR 7. SINGLE, MARE WIDOWED, DI	VORCED. 8. DATE	OF BIRTH	9. AGE lest birthdey	Months Devs	Hours Min.
(Specily)		BER 11, 1955	yrs.	Monnes Days	9 3
10e. USUAL OCCUPATION (Give kind of work 10b. KI	ND OF BUSINESS	11. BIRTHPLACE (State or fore	sign country)		EN OF WHAT
done during most of working life, even if	R INDUSTRY			COL	INTRY?
relired)		OAHLAND, MARY			U. S
3. FATHER'S NAME		14. MOTHER'S MAJDEN	NAME		
Theorem Birond Decknik		HARRIET V	TPOTETA BE	TEATAN	
	6. SOCIAL SECURITY NO.	17. INFORMANT &	and the last select and the last select the la		PARK
(Yes, no, or unk.) (If Yes, give wer or detes of service)				المساوية المساوية	. I Maril
21.70		HARRIET	HOSTOLIA DESIG	THE THE	TERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	18. MEDICAL CE	1		01	SET AND DEATH
761.5 1/0	9 1/2	Description .			
IMMEDIATE CAUSE (A)	and you				7
ANTECEDENT CAUSE(S) DUE TO	undit is	· Place	to	111	, dira
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE	rungatur	O Comment			
STATING UNDERLYING CAUSE LAST. DUE TO	U				
(C)			, ,		
TO THE DEATH BUT NOT RELATED TO THE	2	as diana	12 10 mm	- 11	
DISEASE OR CONDITION CAUSING DEATH.	cles , ann	The John Control	11 (8 // 100		
196 DATE OF OPERATION 196, MAJOR FINDINGS	OF OPERATION				20, AUTOPSY?
0-				YE	
216. ACCIDENT WAS UNDERLYING 216. PLACE (Hor	ne, ferm, factory,	21c. WHERE DID INJURY OCC	JR? (City or town)	(County)	(State)
IF EITHER, NOTIFY MEDICAL EXAMINER)	anica oldg., alc.)	~	•		
	. INJURY OCCURRED	21. HOW DID INJURY OCC	UR?		
	work - Not while -		many days are an in the		
	II WELL O	4 4 3 1 11	100 000	I that I last s	
22. I hereby certify that I attended the dece		40.			
alive on 1/1 0 1 19 1 1 and	d that death_occurred a	M, from the	causes and on the	date stated abo	ve.
SIGNATURE		(A9)	RESS (Street, city, low	(n, stele)	DATE SIGNE
Managy La	of to 1 M.D.	Natice	Grand !	10	11/11/5
23. BURIAL, CREMATION, DATE THEREOF	NAME OF CEMETERY O	R CREMATORY	LOCATION (City, low	n, or county)	[Stete]
REMOVAL (SPECIFY)	en-top	ADI/ CENST	PU NTE	TO PAT	DK M
DORIAL (NOV-1 145	MIFFILL	11/4 CEME	DILY. DE	11 11	III. IVI
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATUR	P/	7 25 FUNERAL DIRECTOR"	SIGNATURE	ADDRE	55
11/155 Juliell	owen dk	CMAS MILA	Milian	OAKL	ANDI

S361 91 NON 1

BUREAU V. S.

STARON STADISTROPENTE

(south the man we it will be the

The Olonowall

After this this

ö

after death.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10859 CERTIFICATE OF DEATH

10862

1. PLACE OF DEATH		2. USUAL RESIDENCE	(HOME) OF D	ECEASED		
COUNTY GARRETT	MARYLAND	STATE MARYLAND	COUNTY	GARRET	T	
CITY (if outside corporate limits, write RURAL	LENGTH OF STAY	CITY (Il outside corporeta OR	limits, write RURAL	and give nearest to	own)	
OR and give neerest town) Y TOWN OAKTAND	(in this place)	TOWN RURAL	KTTZMI	LLER	X	
HOSPITAL OR INSTITUTION OR	1,	STREET ADDRESS	(R rural gi	ve location)	1	
TO STREET ADDRESS GARRETT COUNTY ME	TORTAL HOSPITAL	R. F.	D			
3. NAME OF (First) DECEASED	(Middle)	(Lost)	4. DATE (Mo	nih) (De	y) (Yeer)	1
(Type or Print) FRANK	XAVIER	DEWITT	DEATH	NOVEMBER	2 18 19	55
5. SEX 6. COLOR OR 7. SINGLE, MA	RRIED, 8. DATE C		AGE lest birthday	IF UNDER 1 YE		
RACE WIDOWED, (Specify)	W 9/27	160	86 yrs.	Months De	ys Hours	Min.
IDe. USUAL OCCUPATION (Give kind of work 10b.	KIND OF BUSINESS	11. BIRTHPLACE (Stelle or foreign	V-0		TIZEN OF WHA	T
done during most of working life, even if retired)	OR INDUSTRY	TANTON ALABATE AND		C	OUNTRY?	~
13. FATHER'S NAME	1	HOYES MARYLAND			U.	5-
13, PAINER'S NAME						
JOHN DEWITT		MATTINGLY	AN	NA		
15: WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT & ADD	RES5			
(Yes, no, or unk.) (If Yes, give wer or dates of service)		MRS. JESSTE	RECKNER			
	18. MEDICAL CEN				INTERVAL BETWO	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEA	TH a 1				ONSEL AND DE	AIR
591X IMMEDIATE CAUSE (A)	y rema					
ANTECEDENT CAUSE(S) DUE TO	minl.	sis acu	<u> </u>		2 wtes	
DISEASES OR CONDITIONS, IF ANY, (B)	1 Juguro	as aca			aprice	- 6
STATING UNDERLYING CAUSE LAST. DUE TO	V					
(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING						
TO THE DEATH BUT NOT RELATED TO THE						
DISEASE OR CONDITION CAUSING DEATH.	CC OC OBSOLUTION				20. AUTOPSY	/ >
198. DATE OF OPERATION 196. MAJOR FINDIN	GS OF OPERATION				YES NO	_
216. ACCIDENT WAS UNDERLYING 216. PLACE (FOR CONTRIBUTING CAUSE OF DEATH OF INJURY street	lome, farm, factory, et, office bldg., etc.	21c. WHERE DID INJURY OCCUR?	(City or town)	(County)	(State)	
(IF EITHER, NOTIFY MEDICAL EXAMINER)	NINE O COURTE	21f. HOW DID INJURY OCCUR?				
The state of the s	Ele. INJURY OCCURRED While Not while at work	ZII. HOW DID INJOKY OCCORT				
22. I hereby certify that I attended the de	coased from Mov.	5 19.55 to 77 C	T. J.F. 1955	that I last	saw the deci	eased
alive on 1001, 18, 19.55	1 at a last a second a	10 30 AV	en and on the	data stated a	hove	
signature	and that death occurred a	ADDRE	ses and on life 88 (Street, city, to	wn. stale)	DATE BIG	SNED
100 11 121110	1 6	10130 03	17 ()	101- 6	m11.	00-1
23. BURIAL CREMATION DATE THEREOF	M.D.	CREMATORY	LOCATION (City, Ion	VI DE COUNTY)	11100 100	tete)
DELLOWAY RESECTOR			OAKLAND	Ti, or country	MD.	3107
BORTAL TITIES	OAKLAND	MD.				
24. REC'D AY REGISTIAR LEGISTRAR'S SIGNAL	*1	25 FUNERAL DIRECTOR'S SIG	NATURE	ADD		
11/20155 Julear	Nowan	Comron B.	Dan	OAKLAN	ID? MD.	

certificate be executed within NSTRUCTIONS

TO FUNERAL DIRECTOR: The law requires that the death certificate be filled with the registrar within 72 hours after death. After certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy death certificate assembly should be detached for use as a burial transit permit. ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death The bottom copy may be retained by the hospital or attending physician.

VS A15C 1-55 10M

MYAST TO BYADISTERD PERTIN 2 .V UASRUS MON SE TON

INTERVAL RETWEEN

20. AUTOPSY? Yes 🔲 No 📵

(State)

	or.	MEDICAL EXAMI	INER S CEL	TIPICAL.
	<u>မ</u>	I. PLACE OF DEATH:		2. USUAL RESIDE
X	F F	COUNTY GARRETT	MARYLAND	STATE MA
	fully. legib	CITY (If outside corporate limits, write RI OR and give nearest town) TOWN OAKLAND RUR	JRAL LENGTH OF STA (in this place)	CITY (if outside OR TOWN OAK
	n care	HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET
	atio learl	S. NAME OF (First) DECEASED:	(Middle)	(Last)

NCE (HOME) OF DECEASED: RYLANGOUNTY e corporate limits write RURAL and give nearest town)

PWD (If rural, give location)

4. DATE (Day) (Year) (Month) OF 19 5 5 DEATH 7. SINGLE, MARRIED. 8. DATE OF BIRTH: 9. AGE last birthday: , IF UNDER 1 YEAR | IF UNDER 24 HRS. 5. SEX: 6. COLOR OR WIDOWED, DIVORCED, Months! Days Hours (Specify): MA PRIED OCT.

of 10b. KIND OF BUSINESS OR
life, INDUSTRY: 12. CITIZEN OF WHAT (Give kind of 11. BIRTHPLACE (State or foreign country): 10a. USUAL OCCUPATION COUNTRY? work done during most of work life,

even if retired): HOUSEWIFE 13. FATHER'S NAME:

n of inform of death

Supply every item write the causes o

i INK.

MARGIN RESERVED FOR BINDING

DWARD

15. WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS: 16. SOCIAL SECURITY No .: (Yes, no, or unk.) (If Yes, give war or dates of

Immediate cause Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause DUE TO stating underlying cause last IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING

TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a, DATE OF OPERATION: , 19b. MAJOR FINDING OF OPERATION:

(b)

21s. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH. 21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY 21d. TIME (Month) (Day) (Year) (Hour) | 21e. INJURY OCCURRED

While at Not while INJURY work

at work 22. I hereby certify that I took charge of the remains described above, held an Autopsy [], Inspection [], Inquiry [], and

find that death resulted from: Natural causes [], Accident [], Suicide [], Homicide [], Undetermined cause []. SIGNATURE

23. BURIAL, CREMATION. REMOVAL (Specify):

DATE REC'D BY LOCAL

REGISTRAR'S

NAME OF CEMETERY OR CREMATORY

21c. (City or town)

Car struck abutment of

LOCATION (City, town, or county)

(County)

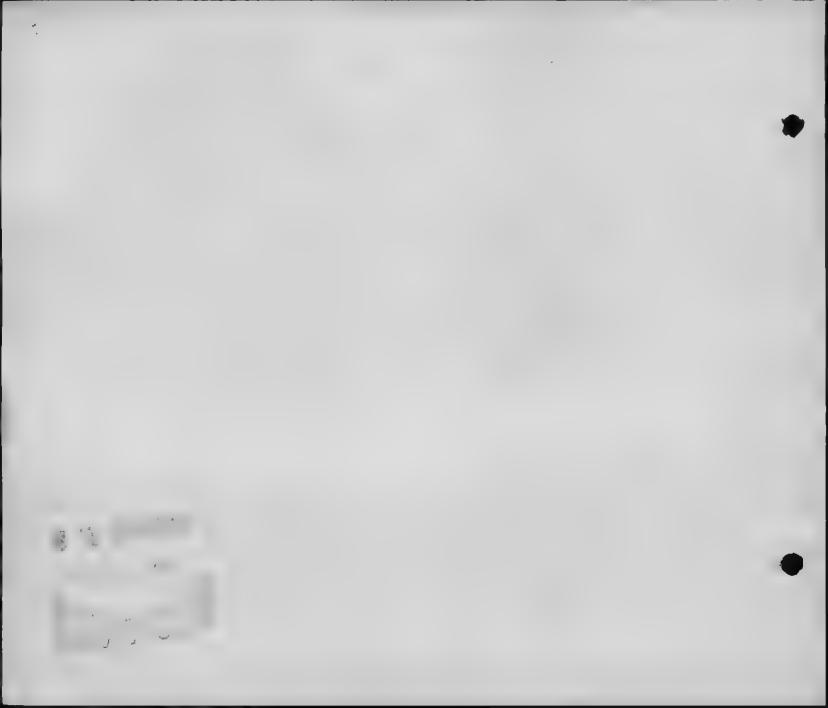
21. How DID INJURY OCCURE of liston Automobile ar struck abutment of bridge

CHIEF MEDICAL EXAMINER

DEPUTY MEDICAL EXAMINER ASSISTANT MEDICAL EXAM.

ADDRESS

E PLAINLY, WITH especially important. WRITE ge is e PLEAS



	offer de	1. PLACE OF DEATH			Reg. Die	ED
	Z ±	COUNTY GARRETT	MARYLAND LENGTH OF STAY	STATE MARYLAN		
	72 hour	Y TOWN RURALE DEER PARK	(is this place) YTS.	TOWN RURAL-		*
	within 7	HOSPITAL OR INSTITUTION OR 2 MILES EAST		ADDRESS 2 Mil	(If rural give location)
	strar wi	(Type or Print) ARTHUR		ARDESTY	4. DATE (Month) OF DEATHNOV.	17,1955
	the regi	5. SEX 6. COLOR OR WIDOWED DIV (Specify) MA	RRIED FEB.	10,1876	79 yrs, Months	ER 1 YEAR IF UNDER 24 HRS.
A Track	led with the	tellisquaring-Lactted		11. BIRTHPLACE (State or foreign		12. CITIZEN OF WHAT SOUNTRY?
200	filed etely sit pe	HENRY A. HARDESTY		JULIA AND		
OE.	hysician icate be compli	Web and more than the second s	NONE	MRS. ALICI	E HARDESTY, R	t.1,Deer par
MSA	nding posts certification and and and and and and as a but	DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	10. MEDICAL CER	ailur		ONSET AND DEATHO
1	al or attendant the design physical for use	ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO	pertan	1 -m Harl	Enverden	te norch
4100	e hospital uires that attending etached fo	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	rder 16	7CL LEIA	121821	6 421
2	by the w requ	D SEASE OR CONDITION CAUSING DEATH. 199., DATE OF OPERATION 199. MAJOR FINDINGS	OF OPERATION			20. AUTOPSY?
	The la	21a. ACCIDENT WAS UNDERLYING [] 21b. PLACE (Home OR CONTRIBUTING [] CAUSE OF DEATH OF INJURY streat, of IF EITHER, NOTIFY MEDICAL EXAMINER)	e, ferm, factory, 2 office bidg., etc.)	C. WHERE DID INJURY OCCUR?	(City or town) (Co	YES NO Junty) (Stata)
10127	y be r. TOR: exact	21d. TIME OF INJURY (Month) (Dey) (Yaer) (Hour) 21a. Whith M. at we	le Not while	H. HOW DID INJURY OCCUR?		
	Y ma IREC been been	22. I hereby certify that I attended the decea		1, 1949, 10/6/2	9 19 1 that	I last saw the deceased
	0.0	/alive on / 6/ 19 19 and	that death occurred at	PAM, from the cau		
	m cop has tificat	SIGNATURE		ADDRE	SS (Street, city, town, state)	DATE SIGNED
	The bottom copy FUNERAL DII certificate has b death certificate A1SC 1-55 10M	23. BURIAL, CREMATION, REMOVAL (SRECIFY) A DATE THEREOF	M D.	Calle	LOCATION (City, town, or down	NK. 19/5)



this this

certificate be executed within

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of death certificate assembly should be detached for use as a burial transit permit.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10362 CERTIFICATE OF DEATH

g. Dist. No. 166

10868

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY Garnett.	MARYLAND	STATE MC COUNTY 4/1/89aug
CITY (if outside corporate (mits, write RURAL	L LENGTH OF STAY	CITY (It outside corporate limits, write RURAL and give nearest town)
OR and give necrest town)	(In this place)	TOWN BETTONE WESTERNOCZE
HOSPITAL OR	8 th apecis	STREET (Il rural give location)
INSTITUTION OR WAR A TO THE STATE OF THE STA	n= 11000	ADDRESS 0/- 4
STREET ADDRESS PURCES // 4 PS/1	19 Home.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
3. NAME OF (First) DECEASED	(Middle)	(Last) (DATE (Month) (Day) (Yeer
(Type or Print) ///notal	standora	HISHIMON DEATH NOU 14 100
5. SEX 6. COLOR OR. 7. SINGLE, MA		OF BIRTH 9. AGE lest birthdey IF UNDER 1 YEAR IF UNDER
[Quialo RACE WIDOWED, (Spacify) //	gvorced, Sent	- 18 1873 83 Months Days Hours
- charce while	KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHA
done during most of working life, even if	-PR INDUSTRY	COUNTRY 2
retired Domes xic	ten kome	Ft. Hshay, Wood, U.S.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME
. John T. Green and	P.	Darah Wheeler
15. WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
(Yes, no, or unk.) (If Yes, give war or dates of service)	Moun	Edrip Pence, Westernpers,
1/10	18. MEDICAL CER	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEA	TH	ONSET AND DE
422 IMMEDIATE CAUSE (A)	THEALT	this it tacher 2120
But TO		
DISEASES OR CONDITIONS, IF ANY, (B)	LIVICIL	1. Di
STATING UNDERLYING CAUSE LAST DUE TO		
STATING CHOSE CASE (C)	<i>i</i> ,	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	1 6	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	Shall	
198 DATE OF OPERATION 196, MAJOR FINDING	GS OF OPERATION	20. AUTOPS
There was a war and		YES NO
275. ACCIDENT WAS UNDERLYING 276. PLACE (H OR CONTRIBUTING CAUSE OF DEATH OF INJURY street (IF EITHER, NOTIFY MEDICAL EXAMINER)	lome, farm, fectory, at, offica bldg., atc.)	21c. WHERE DID INJURY OCCUR? (City or lown) (County) (State)
		21f. HOW DID INJURY OCCUR?
	While Not while at work	/
22. I hereby ceftify that I attended the de	CIIIE	19 10 / / / 9, 19 J, that I last saw the dec
/ 1 / / / / / / / / / / / / / / / / / /	1 /	P. A.
alive oh/// 19	nd that death occurred at	
VA : 446A 25	wester 1	ADDRESS (Street, city flown, slete) DATE SIG
23 SHOW COUNTY	M.D.	CONTRACTOR AND
23. BURIAL, CREMATION, DATE THEREOF PEMOVAL (SPECIFY)	NAME OF CEMETERY OR	CREMATORY LOCATION (City, Yown, or county) (SI
Decreal 11/16/5	5 44 eeus /a	ent legger, W. Oy.
24. REC'D BY PEGISTRAR TEGISTRAR'S SIGNAT	PO PO	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
DATE 14 55 Julia (1	stomas r 1	1 6 1 6 1 m - 1 m
VAIL / / /		



REGISTRAR'S SIGNATURE

(Yaar)

IF UNDER 24 HRS.

1955

Hours

INTERVAL BETWEEN

ONSET AND DEATH

20. AUTOPSY?

YES

ADDRESS

Terra Alta, W. Va.

-25. FUNERAL DIRECTOR'S SIGNATURE

NO T

(State)

(Stata)

W. Va.

COUNTRY?

24. , REC/D BY REGISTRAR

3 1

SSol J

DEVI-

ii t after death MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 A 10864CERTIFICATE OF DEATH d≡th. Č Reg. Dist. No. third 1. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED Rours COUNTY MARYLAND STATE COUNTY 72 Nours director, (If outside corporate limits, write RURAL LENGTH OF STAY Ilf outside corporate limits, write RURAL and give nearest town and give nearest town (in this place) OR TOWN TOWN HOSPITAL OR STREET (If rurel give location) INSTITUTION OR **ADDRESS** within funeral STREET ADDRESS (Middle) 3. NAME OF (First) (Lest) DATE (Month) (Dev) (Year) DECEASED OF registrar by the f (Type or Print) DEATH REF REE 19 5 5 COLOR OR SINGLE, MARRIED DATE OF BIRTH AGE fest birthdey IF UNDER I YEAR JF UNDER 24 HRS RACE WIDOWED, DIVORCED, Hours Deys DEC-3-1903 (Specify) IN ARRIED 5 MALE j. ,E 10s, USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS BIRTHPLACE (State or foreign country) CITIZEN OF WHAT Killed Filed OR INDUSTRY done during most of working life, even if COUNTRY? ARINE Fled 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME completely burial transit EE physician. 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS certificate (Yes, no, or unk.) (# Yes, give wer or dates of service) 52-039 MAS. MARY MCROBIE and INTERVAL BETWEEN 18. MEDICAL CERTIFICATION or attending I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH physician death IQ Q IMMEDIATE CAUSE [A] 020 DUE TO ANTECEDENT CAUSE(S) law requires that the DISEASES OR CONDITIONS, IF ANY, detached for GIVING RISE TO THE ABOVE CAUSE the hospital DUE TO STATING UNDERLYING CAUSE LAST. HOSPITA II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE the DISEASE OR CONDITION CAUSING DEATH þ eg 19e. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? death certificate assembly should in 155, 155, 10M YES [NO be retained 216. ACCIDENT WAS UNDERLYING IT 21b. PLACE (Home, ferm, fectory, 21c. WHERE DID INJURY OCCUR? (City or town) (County) (State) The OR CONTRIBUTING | CAUSE OF DEATH OF INJURY street, office bldg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER) FUNERAL DIRECTOR: 21d. TIME OF INJURY (Month) (Dey) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? (Year) While Not while et work at work 22. I hereby certify that I, attended the deceased from Il March , 19 4 7, to 10 Mortaning, 1995, that I last saw the deceased alive on 10 March 19 0 5 , and that death occurred at 7.30 M.M. from the causes and on the date stated above SIGNATURE ADDRESS (Sireel, city, fown, stete) DATE SIGNED BURIAL, CREMATION NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) DATE THEREOF REMOVAL (SPECIFY) NOU-18-195 REC'D BY REGISTMAR SISTRATE'S SIGNATURE FUNERAL DIRECTOR'S SIGNATURE

111 v*

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10965 CERTIFICATE OF DEATH

10869 6 Reg. Dist. No.

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY Garrett MARYLAND	STATE Maryland COUNTY Allegany
CITY (If outside corporeta lymsts, write RURAL LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give neerest town)
OR and give naerest lown) X TOWN Oakland 6 weeks	Town Cumberland 0/-02-2
HOSPITAL OR INSTITUTION OR	STREET (If rural give location) ADDRESS
3) STREET ADDRESS Cuppett Nursing Home	517 Caroline St.
3. NAME OF (First) (Middle) DECEASED	(Last) 4. DATE (Month) (Dey) (Year)
(Type or Print) LEARY FRANCE	NUTTER DEATH NOV. 11,1955;
5 SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE (OF BIRTH 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS.
Female White Feb.	22,1880 75 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS done during most of working life, even if OR INDUSTRY	11 BIRTHPLACE (State or foreign country) 12, CITIZEN OF WHAT COUNTRY?
""Housewife Own Home	Brunswick, Md. USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Joel Wolfe	Unknown
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
(Yes, 20 or unk.) (If Yes, give war or dates of service) None	Mrs. Robert Zimmerman, Cumberland, Md.
16. MEDICAL CE	RTIFICATION INTERVAL BEIWEEN
1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
422. IMMEDIATE CAUSE (A) (24 a Lace)	The ture /who,
ANTECEDENT CAUSE(S) DUE TO	11012
DISEASES OR CONDITIONS, IF ANY, (8)	N 3
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	harmit. 11/2.
198. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	YES NO Z
21s ACCIDENT WAS UNDERLYING ☐ 21b. PLACE (Home, ferm, fectory, OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While Not while M. at work 1	211. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from	19 19 to 11 1 1 1 last saw the deceased
afive on 19 5, and that death occurred a	
SIGNATURE	ADDRESS (Sirest, city, town, stata) DATE SIGNED
: 018, CL W 1 7 3. 61 6 1 M.D.	(Cht bread Mek 11/13/5)
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR	CREMATORY LOCATION [City, town, or county] (Stata)
Burial Nov.14,1955 Davis Memor	rial Cemetery Cumberland, Ad.
24. BEO'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
11/13/25 1.61 /1/1	7
DATE / DI J Jules () Norm ha	William H. Kight, Cumberland, Md.

BUREAU V. R.

9361 91 **NON**

BECEINE!

Miller The More the

certificate has been mammated by the attending pysician and complimity filled death certifical masembly should be datached for use as a burial transit destinit.

certificate has been assauted

9

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. ..

COLLY 3.4 TO MARYLAND OTHER GORDAN COLLARS COLLEGE TO STAY OF	1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
CITY (II outside corporate lemits, write RURAL and give newers fown) (Nown)	COUNTY JANA T MARYLAND	STATE WAS YIND COUNTY
NOSTRIALOR ON STREET ADDRESS THE ADDRESS THE ADDRESS THE STREET ADDRES	CITY (If outside corporate limits, write RURAL LENGTH OF STAY	
NISTRIAL ON OR STREET ADDRESS THE OF THE OTHER OF MADE TO THE STREET ADDRESS THE OTHER STREET AD		TOWN
STEET ADDRESS Charlest Color of First Child Charlest	HOSPITAL OR	STREET (H rural give location) /
3. NAME OF STATE (Month) (Lest) (Modds) (STREET ADDRESS OF THE PER PER OF THE LOCKET	
DEATH CLE 1 195 5. SEX 6. COLOR OR RACE 7. SINGE, MARRID, WIDOWED, D VORCED, (Specify) 10. LIGHAL OCCUPATION (Give lind of work Months) 10. LIG		
5. SEX 6. COLOR OR RACE WIDOWED, DYORED, Specify J. SINGLE, MARRIED, WIDOWED, DYORED, Specify J. S. DATE OF BIRTH 9. AGE (as a birthday of long, specify) AFILT 3. 1095 (as a birthday of long, specify) AFILT 3. 109	DECEASED	OF
Specify Specify Specify Specify Specify Specify Standard work done during mind working life, even if 106. KND OF BUSINESS 11. BIRTHPLACE (Stelle or Tomign country) 12. CHICER OF WHAT country? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED FUR IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS FILE THIRD STOLT COUNTRY? 15. WAS DECEASED FUR IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS FILE THIRD STOLT CANCELLY LEADING TO DEATH 16. MEDICAL CERTIFICATION ONSET AND DEATH 16. MEDICAL CERTIFICATION OF INJURY O	5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. D	
TOOLUGE IN THE STANDARY OF BUILDINGS OF PREATION IS. WAS DECEASED FYEE IN U.S. ARMED FORCES? IS. WAS DECEASED FYE IN U.S. ARMED FORCES. IS. WAS DECEASED FY THE TOTAL	RACE WIDOWED, D VORCED,	
done during most of working life, even if collecting in the collection of the collec	10e, USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS	1 11. BIRTHPLACE (Stele or foreign country) 12. CITIZEN OF WHAT
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DICCLASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT A ADDRESS 17. INFORMANT A ADDRESS 18. MEDICAL CERTIFICATION 18. MEDICAL CERTIFICATION 19. MAINTECEDENT CAUSE(S) 19. MAINTECEDENT CAUSE(S) 19. MAINTECEDENT CAUSE(S) 19. MAINTECEDENT CAUSE(S) 19. DISEASES OR CONDITIONS, IF ANY. (B) 19. DISEASES OR CONDITIONS, IF ANY. (B) 19. DISEASES OR CONDITIONS OF ANY. (B) 19. DISEASES OR CONDITIONS (C) 19. DISEASES OR CONDITIONS (C) 19. DISEASE	done during most of working life, even if OR INDUSTRY	
FRILL, MAGCIE 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS 18. INFORMANT & ADDRESS 18. INFORMANT & ADDRESS 19. INFORMANT & A	- La Saffa a -	
15. WAS DECASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS . L.L. THIRD ST.L.T., CAKLAD, INTERVAL BETWEEN ONSET AND DEATH TO DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH TO DISEASES OR CONDITIONS, IF ANY. (B) DISEASES OR CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH 19. DATE OF OPERATION 19. DATE OF OPERATION 21b. PLACE (Home, Iarm, Jaciory. 21c. WHERE DID INJURY OCCUR? (City or Iown) 19. DATE OF INJURY (Month) 21c. WHERE DID INJURY OCCUR? While M of work of w		
TO DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH TO DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH TO DISEASES OR CONDITIONS, IF ANY, (B) DISEASES OR CONDITIONS, IF ANY, (B) DISEASE OR CONDITIONS, IF ANY, (B) DISEASE OR CONDITIONS, IF ANY, (C) DISEASE OR CONDITIONS, IF ANY, (B) DISEASE OR CONDITIONS, IF ANY, (C) DISEASE OR CONDITIONS, IF ANY, (B) DISEASE OR CONDITIONS, IF ANY, (C) DISEASE OR CONDITIONS OF THE PLANT OF TH		
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 18. MEDICAL CERTIFICATION NITERVAL BETWEEN ONSET AND DEATH 17. IMMEDIATE CAUSE ANTECEDENT CAUSE(S) DUE TO CARC HOLL OF BUENTS DISEASE OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DUE TO CARC HOLL OF BUENTS OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH 19. DATE OF OPERATION 21. NO CONTRIBUTING CAUSE OF DEATH 22. AUTOPSY? 19. DATE OF OPERATION 19. DATE OF OPERATION 21. HOW DID INJURY OCCUR? 21. HOW DID INJURY OCCUR? 22. I hereby certify that I attended the deceased from 2 to work 23. BURIAL, CREMATION, 24. REC'D BY REGISTRAR 10. PLACE OF REMATION, 10. DATE THEREOF 10. NAME OF CEMETERY OR CREMATORY 10. DATE SIGNED 25. FUNDERAL DIRECTOR'S SIGNATURE 26. FUNDERS SIGNATURE 27. FUNDERAL DIRECTOR'S SIGNATURE 28. FUNDERS SIGNATURE 29. BURIAL, CREMATION, 10. DATE SIGNED 20. AUTOPSY? 10. OC. T. J., 19. S. J., that I last saw the deceased from 2 to work 10. DATE SIGNED 10		17. INFORMANT & ADDRESS TA FILE
INTERVAL BETWEEN INTERVAL BETWEEN ANTECEDENT CAUSE(S) DUE TO OISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE IF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASES OR CONDITION CAUSING DEATH. IF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. IF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. IF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. IF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. IF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. IF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. IF OTHER SIGNIFICANT CONDITIONS THE ABOVE CAUSE TO THE DEATH TO THE ABOVE CAUSE T	ties, no, or une.) In 105, give well of dates of severely	
IMMEDIATE CAUSE (A) TITOL HUTER, F.D.H ANTECEDENT CAUSE(S) DUE TO CAUSE LAST, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, STATING UNDERLYING CAUSE LAST, DUE TO CAUSE LAST, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO CAUSE LAST, DUE TO CAUSE LAST, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO CAUSE LAST,	/ DISEASES OF CONDITIONS DIRECTLY LEADING TO DEATH	
ANTECEDENT CAUSE(S) DUE TO OF BEASE OF CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE LET OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OF CONDITION CAUSING DEATH ISO. DATE OF OPERATION SO. DATE OF OPERATION OF BEASE OF CONDITION CAUSING DEATH ISO. DATE OF OPERATION OF INJURY OF IN		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH 190. DATE OF OPERATION 190. MAJOR FINDINGS OF OPERATION 191. MAJOR FINDINGS OF OPERATION 192. MAJOR FINDINGS OF OPERATION 193. MAJOR FINDINGS OF OPERATION 194. MAJOR FINDINGS OF OPERATION 195. MAJOR FINDINGS OF OPERATION 196. MAJOR FINDINGS OF OPERATION 197. MAJOR FINDINGS OF OPERATION 198. MAJOR FINDINGS OF OPERATION 198. MAJOR FINDINGS OF OPERATION 199. MAJOR FINDINGS OF OPERATION 190. DATE OF OPERATION 190. MAJOR FINDINGS OF OPERATION 191. MAJOR FINDINGS OF OPERATION 191. MAJOR FINDINGS OF OPERATION 192. MAJOR FINDINGS OF OPERATION 193. MAJOR FINDINGS OF OPERATION 194. MAJOR FINDINGS OF OPERATION 195. MAJOR FINDINGS OF OPERATION 196. MAJOR FINDINGS OF OPERATION 196. MAJOR FINDINGS OF OPERATION 197. MAJOR FINDINGS OF OPERATION 198. MAJOR FINDINGS OF OPERATION 199. MAJOR FINDINGS OF OPERATION 190. MAJOR FINDING STATES OF OPERATION 190. MAJOR FINDIN	MANEDIATE CAUSE (A)	
GIVING RISE TO THE ABOVE CAUSE LAST. ICC IE OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. IPO DATE OF OPERATION IPO DATE OF INJURY Street, office bidgs, alc.] IF ETHER, NOTIFY MEDICAL EXAMINER IPO THOUGHT AND COLURRED M. at work INJURY OCCUR? INJURY OCCUR? While A work INJURY OCCUR? INJURY OCCUR? INJURY OCCUR? While A work INJURY OCCUR? INDURY OCCUR? INJURY OCCUR? INDURY OCCUR?	AMERICAN CAUSASS	Or RiEAST = mapas lasts 2 + LS
18 ONDER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE PEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 190. DATE OF OPERATION 190. MAJOR FINDINGS OF OPERATION 201. ACCIDENT WAS UNDERLYING 210. MAJOR FINDINGS OF OPERATION 211. ACCIDENT WAS UNDERLYING 212. ACCIDENT WAS UNDERLYING 213. DATE OF OPERATION 214. NOTIFY MEDICAL EXAMINER) 215. INJURY street, office bidg., alc., (IF EITHER, NOTIFY MEDICAL EXAMINER) 216. TIME OF INJURY (Month) (Dey) (Year) (Hour) 217. INJURY OCCURRED While at work 218. Hereby certify that I attended the deceased from 1 201. HOW DID INJURY OCCUR? While at work 219. DATE SIGNATURE 220. I hereby certify that I attended the deceased from 1 201. NAME OF CEMETERY OR CREMATORY 221. INJURY OCCURRED M. D. OCT 1 19. 19. 19. 19. 10. OCT 1 19. 19. 19. 10. OCT 1 19. 19. 19. 19. 19. 19. 19. 19. 19. 1	GIVING RISE TO THE ABOVE CAUSE	0,700
18 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISTASS FOR CONDITION CAUSING DEATH. 19 DATE OF OPERATION 19 DATE SIGNATURE 10 DATE THEREOF 10 DATE SIGNATURE 10 DAT	STATING UNDERLYING CAUSE LAST.	
196. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION CARC, Heard Of Pt. Breast 21a. ACCIDENT WAS UNDERLYING 22b. PLACE (Home, farm, factory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., alc.) 21c. WHERE DID INJURY OCCUR? (City or lown) (County) (Stete) 21d. Time OF INJURY (Month) (Dey) (Year) (Hour) While at work 21d. HOW DID INJURY OCCUR? While at work 31d. How bill injury occur? ADDRESS (Street, city, lown, stete) DATE SIGNED ADDRESS (Street, city, lown, or county) (Stete) 12d. AUTOPSY? YES NO NO 21d. WHERE DID INJURY OCCUR? (City or lown) (County) (County) (County) (Stete) (County) (County) (Stete) (County) (County) (County) (County) (Stete) (County) (County) (Stete) 21d. HOW DID INJURY OCCUR? M. D. Oct 31, 19.55, that I last saw the deceased above. ADDRESS (Street, city, lown, stete) DATE SIGNED ADDRESS (Street, city, lown, or county) (Stele) 22d. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS	11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
196. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION CARC, Heard Of Pt. Breast 21a. ACCIDENT WAS UNDERLYING 22b. PLACE (Home, farm, factory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., alc.) 21c. WHERE DID INJURY OCCUR? (City or lown) (County) (Stete) 21d. Time OF INJURY (Month) (Dey) (Year) (Hour) While at work 21d. HOW DID INJURY OCCUR? While at work 31d. How bill injury occur? ADDRESS (Street, city, lown, stete) DATE SIGNED ADDRESS (Street, city, lown, or county) (Stete) 12d. AUTOPSY? YES NO NO 21d. WHERE DID INJURY OCCUR? (City or lown) (County) (County) (County) (Stete) (County) (County) (Stete) (County) (County) (County) (County) (Stete) (County) (County) (Stete) 21d. HOW DID INJURY OCCUR? M. D. Oct 31, 19.55, that I last saw the deceased above. ADDRESS (Street, city, lown, stete) DATE SIGNED ADDRESS (Street, city, lown, or county) (Stele) 22d. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS	TO THE DEATH BUT NOT RELATED TO THE	10H Yrs
21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, factory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY Street, office bidg., alc.] [IF EITHER, NOTIFY MEDICAL EXAMINER] 21d. TIME OF (NJURY (Month) (Dey) (Year) (Hour) At work	190. DATE OF OPERATION 196, MAJOR FINDINGS OF OPERATION	eo uneodys
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., atc.] OF INJURY Street, office bidg., atc.] 21d. TIME OF INJURY (Month) (Dey) (Year) (Hour) 21a. INJURY OCCURRED While at work at work. 22. I hereby certify that I attended the deceased from 7 - 20 , 19 - 3 , to 0 - 4 - 3 , 19 - 3 , that I last saw the deceased alive on 0 + 3 / 3 / 19 and that death occurred at 5 3 M, from the causes and on the date stated above. BIGNATURE ADDRESS (Street, city, lown, stete) DATE SIGNED M.D. ADDRESS (Street, city, lown, or county) (Stele) REMOVAL (SPECIFY) REMOVAL (SPECIFY) REMOVAL (SPECIFY) REGISTRAR'S SIGNATURE REGISTRAR'S SIGNATURE ADDRESS 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	1 1953 CARCINOWA OF	
21d. TIME OF INJURY (Month) (Dey) (Year) (Hour) 21a. INJURY OCCURED Not while at work	OR CONTRIBUTING [] CAUSE OF DEATH OF INJURY street, office bldg., atc.]	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
22. I hereby certify that I attended the deceased from 7 - 25, 19 5, to Oct 31., 19 5, that I last saw the deceased alive on Oct 31., 19 5, and that death occurred at 5.55 M, from the causes and on the date stated above. ADDRESS (Street, city, lown, stete) DATE SIGNED ADDRESS (Street, city, lown, stete) DATE SIGNED ADDRESS (Street, city, lown, stete) DATE SIGNED 23. BURIAL, CREMATION, REMOVAL (SPECIFY) REMOVAL (SPECIFY) REGISTRAR'S SIGNATURE ADDRESS	While Not while	21f. HOW DID INJURY OCCUR?
alive on Off 3 19 3 3 4, 19 3 5 and that death occurred at 5 5 M, from the causes and on the date stated above. BIGNATURE ADDRESS (Street, city, lown, stete) DATE SIGNED M.D. DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (Stele) 24 REC'D BY REGISTRAR REGISTRAR'S SIGNATURE ADDRESS ADDRESS ADDRESS ADDRESS		20 1033 1 Oct 21 1055 4111
ADDRESS (Street, city, lown, stete) DATE SIGNED ADDRESS (Street, city, lown, stete) DATE SIGNED M.D. DATE SIGNED M.D. DATE SIGNED A.D. Stele) A.D. CATION (City, lown, or county) (Stele) A.D. A.D. CATION (City, lown, or county) (Stele) ADDRESS	22. I hereby certify that I aftended the deceased from	, iy, inar i last saw the deceased
23. BURIAL, CREMATION, REMOVAL (SPECIFY) AND DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (Stella) 24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS		red at 5
REMOVAL (SPECIFY) 14 1455 - 4415 CA CENTE / REGISTRAR REGISTRAR'S SIGNATURE 24 REC'D BY REGISTRAR REGISTRAR'S SIGNATURE 25 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	10 ble bester from 1	()pr(2.1 -27)
24 REC'D BY REGISTRAR'S SIGNATURE ADDRESS ADDRESS ADDRESS ADDRESS		RY OR CREMATORY LOCATION (City, town, or county) (Stela)
24 REC'D BY REGISTRAR REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	13 1 181 No. 4 1455 Addie	in Constany Holdison Ensuset 12
1121102- 11-116/ +() 1	24 REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	
DATE 7/15 Telleal Nowan & Received 6 10 lack to orgh license	1131/955 Jack: (16-	Pranuel Cilolack, Confluence



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10367 CERTIFICATE OF DEATH

10871 Reg. Dist. No.

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY GARRETT MARYLAND	STATE MD COUNTY GAR	RETT.
OR end give nearest town) CITY (If auts'de corporate limits, write RURAL (in this place)	CITY (If outside corporate limits, write RURAL and give neerest to	own)
TOWN DUNAL OAKLAND	TOWN RURAL OAKLE	Y CIVIS
HOSPITAL OR	STREET (If rural give location)	1.1.1/
INSTITUTION OR STREET ADDRESS	ADDRESS	
3. NAME OF (First) (Middle)	(Lest) 4. DATE (Month) (De	y) (Year)
(Type or Print) GRACE ELVIRA	MEAINS, DEATH NOV, 8	3 1955
5. SEX 6. CO.OR OR 7. SINGLE, MARRIED, 8. DATE O WIDOWED, DIVORCED,		
FEMALE WHITE SPORTY MARRIED APRI	L-10-1898 57 yrs. Months Don	ys Hours Min.
10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS		TIZEN OF WHAT
done during most of working life, even if OR INDUSTRY retired)	OAKLAND NID "	DUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	0.5,
ELMER CROSS	EDNNABELLE SINE	5.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS	31
(Yes, ho, or unk.) (If Yes, give war or detes of service)	Disc Benne Onvina	12 1/2/-
18. MEDICAL CER	TIFICATION	INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
IMMEDIATE CAUSE (A)	narcza,	hunder Sid
ANTECEDENT CAUSE(S) DUE TO	6.16	*
DISEASES OR CONDITIONS, IF ANY, (B)	a left the	5 Mes.
STATING UNDERLYING CAUSE LAST, DUE TO	J	
(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19a DATE OF OPERATION 1 19b MATOR EINDINGS OF OPERATION		2D. AUTOPSY?
3-13	L-ittele = T	YES NO A
218. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, ferm, fectory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.) (IF ETHER, NOTIFY MEDICAL EXAMINER)	Cic. WHERE DID INJURY OCCUR? (City or town) (County)	(Stele)
	21f. HOW DID INJURY OCCUR?	
M. While Not while at work,	1 1	
22. I hereby certify that I attended the deceased from 4////	7, 19 to 1/3 1 19 that I last	saw the deceased
alive on	11. P. M. from the causes and on the date stated at	
signature'	ADDRESS (Streat, city, town, steta)	DATE SIGNED
" Liferias + Later 7 M.D.	Cuffilled fold	7/1/51
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR	CREMATORY LOCATION (City, town, or county)	(State)
BURIAL NOV. 11-1955 HAYLORDING	SCEMETERY NEAR CLAKLAI	VD MD.
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDR	RESS
DATE /10/55 Julia C/ Nowm IK	CMM14 Bullen AKINI	VD MA

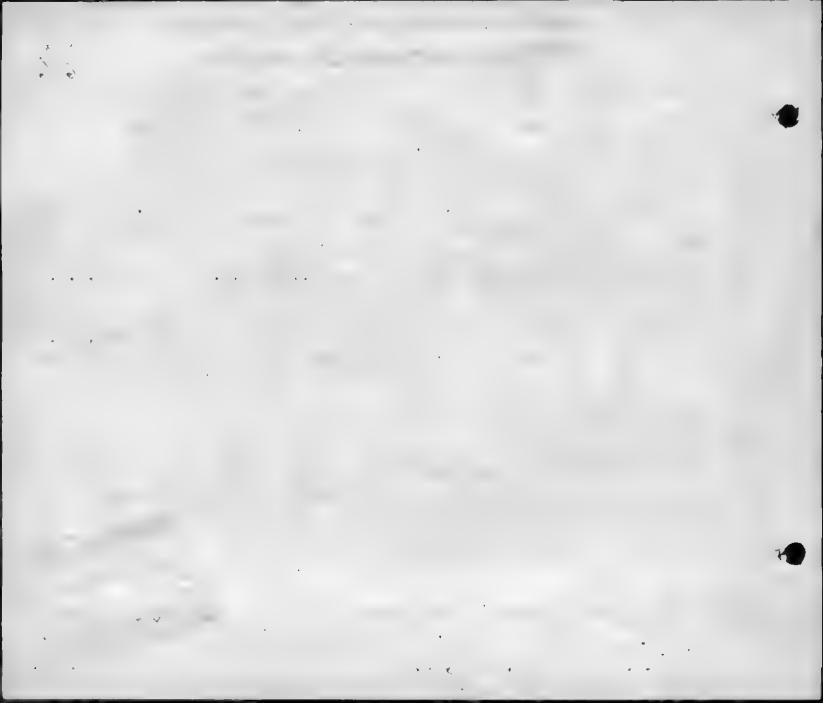
TATEDED TO

the registrar within 72 hours after death. After this in by the funeral director, the third copy of this 4 hours after death. MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 10368 CERTIFICATE OF DEATH certificate b≡ execute death certifical executed by the Hending physician and completely filled death certifical exemily should be detailed for use as a burial transit permit. lam requires that the death INSTRUCTIONS certificate has be emeruted by the Mending physician and completely The bottom cmpy may be retained by the hospital or at miding physician. A15C 1-5 10M Š

Reg Dist. No.

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASIO	growing
COUNTY (TARRETT MARYLAND	STATE ND COUNTY A TH	AFTY.
CITY (if outside corporate limits, write RURAL OR and give neerest lown) LENGTH OF STAY (in this piece)	CITY (If outside corporate limits, write RIFRAL and give neeres	it lown)
X TOWN OAKLAND	TOWN CAKENAD, Cumi	Muns
INSTITUTION OR	STREET (W rural give location)	
3. NAME OF (First) (Middle)	ra	***
UITOCOCCIO A A COLO	OF .	(Yeer)
(Type or Print) MATILDA	ISHER DEATH NOW.	19 1935
5. SEX 6. COLOR OR 7, SINGLE, MARRIED, WIDOWED, DEVORCED,	Months	YEAR IF UNDER 24 HRS. Deys Hours 1 Min.
FEMALE WHITE Specify W: DOWED FEB-	15-18-19 1d ALE	
done during most of working life, even if OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12.	CITIZEN OF WHAT
retired)	-UMBERLAND MD	lis
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
FRANK GOELLIYER	IELIZABETH HEND	LE
15. "WAS DECEASED EVER IN U. S. ARMED FORCES? [Yes, no, or unk.] [If Yes, give wer or deles of service]	17. INFORMANT & ADDRESS	
7.4		
DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	TIFICATION	ONSET AND DEATH
17/X IMMEDIATE CAUSE (A) CONCLUCE	1) Canal	
ANTECEDENT CAUSE(S) DUE TO	1-	
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE CTATING LINDSPLYING CAUSE LAST DUE TO		
STATING UNDERLYING CAUSE LAST, DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	N-02	
DISEASE OR CONDITION CAUSING DEATH.	(LICKA)	
190. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, ferm, factory, 2	1c. WHERE DID INJURY OCCUR? (City or town) (County	YES NO (State)
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.)	(confined and a confined and a confi	, (3,5,0,
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21a. INJURY OCCURRED While Not while	211. HOW DID INJURY OCCUR?	-
M. at work et work		
22. I hereby certify that I attended the deceased from.	. , 19 55, 10 DOL 19 95, that I le	ast saw the deceased
alive on 100 10 19 35 and that death occurred at	O.M., from the causes and on the date stated	above.
SIGNATURE	ADDRESS (Street, clty, lown, stells)	DATE SIGNED
23. BURIAL, CREMATION, DAJE THEREOF NAME OF CEMETERY OR	Crement 11	151/22
REMOVAL (SPECIFY)		(etet2)
BURIAL NOU-12-1953 POSE CE	TO DESCRIPTION OF THE PROPERTY	VD MAD
11/21/00 411/10/10	225. FUNERAL DIRECTOR'S SIGNATURE	DORESS
DATE /21/33 Julia // away /	CMroy Bitden CARLA	110 1410

. mingh his a



4 hours after death.

the registrar within 72 hours after death. After this in by the funeral director, the third copy of this

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10879 CERTIFICATE OF DEATH

10874

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY Garrett MARYLAND	STATE Maryland COUNTY Garrett	
CITY (If outside corporate limits, write RURAL (in this place) TOWN Grantsville	CITY (Il outside corporate limits, write RURAL and give neeres fown) OR TOWN Grantsville	X
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rure) give location) ADDRESS	1
3. NAME OF (First) (Middle)	(Lost) 4. DATE (Month) (Dey) (Year	1)
	nitacre DEATH Nov. 8, 195	
5. SEX 6. COLOR OR RACE WIDOWED, DIVORCED, White Specify Widowed Sept	30, 1869 86 yrs. 1 8 Hours	Min.
10e, USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ninister 10b, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Okonoko, W. Va. 12. CITIZEN OF WHA COUNTRY? U.S.A.	T
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Jesse W. Whitacre	Mary C. Sirbaugh	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give wer or detes of service)	Jess Cv. Whitoer Grantaille	· hmo
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION INTERVAL BETWO	
1/20 MAMEDIATE CAUSE (A) Arteriosel	intichentlesiere 17 me	41
Tau. O		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	arteresderoses 20 ye	40
(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
196. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	2D. AUTOPSY YES NO	
21e. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, ferm, fectory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)	
21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e, INJURY OCCURED While Not while el work el work	21. NOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jackson of alive on the death occurred a		eased
BIGNATURE	ADDRESS (Street, city, town, stete) DATE SIG	SNED
q. Paige Strong M.D.	Salesbury Penne. 11/0/	55
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY O	17 to 10 2 11 17	lete)
Burial 11-11-55 Abe Cemet		
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	
11-11-6-51-+106/ Kanadina	TROTONE RUNONAL Home W.	I am

INSTRUCTIONS

HOSPITAL: The law requires that the death certificals be executed within The bottom copy may be retained by the hospital or attending physician. ATTENDING PHYSICIAN OR

TO FUNERAL DIRECTOR: The faw requires that the death certificate be filled with certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

ARREST AND HE PARK TO THE WORLD STATE OF STREET

REASO TO SEAD BLESS METERS

extend of the State of States,

TO ARTH

2 .V UARRUR

3301 1 5 102

BREENED

TOTAL TEACHER

The correct age

I

FS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH 10871 CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

10875

Reg. Dist. No.

1. PLACE OF GEATH- COUNTY SATTELY MARYLAND	2. USUAL RESIDENCE (HOME) OF DICEASED COUNT	marest
CITY (If outside corporate limits, write RUPAL and LENGTH OF STAY OR give programmed and Carle (in his place)	CITY (if outside corporate limits, write RURAL and give OR TOWN Lake Park	dearest town)
HOSPITAL OR ON INSTITUTION OR STREET ADDRESS Rural	STREET (If petal, give location)	1
3. NAME OF OF (First) (Middle)	Clast) (Last) (A. DATE (Month) OF DEATH DEATH	(Day) (Year)
Type or Print) NOSE 137 CLIFFOR D. SEX 6, COLOROR RAGE VIDOWED, DIVORCED, (Specify) Thanks	8. DATE OF BIRTH 9. AGE last birthday If under Months	year If under 24 hrs. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work dornduring most of working life, even if retired) 10b. Kind of Business or Industry Industry	11. BIRTHPLACE (Rate or foreign country) 12.	CITIZEN OF WHAT
13. FATGER'S NAME Design Wilson	14. MOTHER'S MAIDEN NAME	
15. WAS DECRASED EVER N U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	Mrs Lucy Wilson, mt. to	The Park, mg
IS. MEDICAL CE		
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	oronary Occhision	INTERVAL BETWEEN ONSET AND DEATE
Immediate cause (a) X/1000000	a contact second	mours.
Antecedeni cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	priodi 19. ago)	PA PA PA PA PAMANA MANA DEPARTMENTATION NAVA J. SIGNO
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF office bldg., etc.) CAUSE OF DEATH.	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not while Not work at work	HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an entering obtained by said Autopsy, Inspection or Inquiry, find that said decent from natural causes of occident, suicide, homicide, SIGNATURE.	nased died on the day stated obove, and death in my of undetermined	rom the evidence opinion resulted DATE SIGNED
PERFOVAT (Supplie)	TRY OR CREMATORY LOCATION (City, town, or county	(State)
PATE REC'D BY LOCAL REGISTRAR'S AGRAPUDE	emeterv Wakland Md.	(State)
11/22/1955 when Novam	emetery Oakland, Md.	ADDRESS kland, Md.

BUREAU V. S.

SECEDAED